



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



April 27, 2011

David L. Garcia
Marina Fitness Center Inc.
14045 Panay Way
Marina Del Rey, CA 90292

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER

HEARING ON APPLICATION FOR HEALTH SPA/CLUB
GENERAL BUSINESS LICENSE ID #132391

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, May 11, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :SAN MONICA DAILY NEWS

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....04/14/2011
2ND PUBLISHING DATE:.....04/21/2011
3RD PUBLISHING DATE:.....04/28/2011

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

HEALTH SPA/CLUB

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....14045 PANAY WAY
MARINA DEL REY, CA 90292
NAME OF APPLICANT:.....MARINA FITNESS CENTER, INC / DAVID L.
GARCIA
MARINA FITNESS CENTER, INC
DATE OF HEARING:..... 05/11/2011
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB**

ADDRESS OF BUSINESS: **14045 PANAY WAY, MARINA DEL REY, CA 90292**

TELEPHONE: **(310) 821-1662**

OWNER OF BUSINESS: **MARINA FITNESS CENTER, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **MARINA FITNESS CENTER INC.**

MAILING ADDRESS: **30367 COVE VIEW, CANYON LAKE, CA 92587**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	03/24/01	
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/27/05	
<input checked="" type="checkbox"/> 4. Fire Department	YES	10/16/05	
<input checked="" type="checkbox"/> 5. Public Health	YES	08/22/07	
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	08/23/07	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	09/21/05	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/14/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/31/05	

Conditions:

TREASURER AND TAX COLLECTOR
APPLICATION FOR BUSINESS LICENSE

FEE \$ _____

I.D.# 13239

TYPE OF BUSINESS HEALTH CLUB 5912

ADDRESS OF BUSINESS 14045 PANAY WAY MARINA DEL REY
CA. 90292 BUS. PHONE#(310) 821-1662

"DBA" MARINA FITNESS CENTER INC.

APPLICANT(S) FULL NAME DAVID L. GARCIA

HOME ADDRESS 30367 COVE VIEW CANYON LAKE, CA 92587

MAILING ADDRESS SAME

HOME PHONE # (951) 244-1088 SS# _____

ST. BD. OF EQUAL.# _____ PLACE OF BIRTH _____

DATE OF BIRTH _____ DRIVER'S LIC.# _____ EXP. DT _____

SEX _____ HT _____ WT _____ EYES _____ HAIR _____

"CORPORATION STATUS"

EXACT CORPORATE NAME MARINA FITNESS CENTER INC.

DATE OF INCORPORATION 7/98 INCORPORATED IN STATE OF CA

NAMES OF OFFICERS

DAVID L. GARCIA

DAVID E. HAGER

ADDRESSES

30367 COVE VIEW
CANYON LAKE, CA. 92587

152 GRANADA
LONG BEACH, CA. 90803

TITLES

PRES. / SEC.

TREASURE

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

DATE 9/20/05 APPLICANT'S SIGNATURE [Signature]

APPLICATION TAKEN BY: _____ DATE _____



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR
REVENUE & ENFORCEMENT DIVISION
BUSINESS LICENSE SECTION



TO: DEPARTMENT OF REGIONAL PLANNING
320 W. TEMPLE STREET, 13th FLOOR, ROOM 1360
LOS ANGELES, CA 90012

FROM: BUSINESS LICENSE SECTION
225 N. STREET AVE., ROOM 109
LOS ANGELES, CA 90012

DEPARTMENT OF REGIONAL PLANNING FEE: \$50.00

DATE: Sept. 20, 2005

ID# RBVS 200500478

TYPE OF BUSINESS AND CODE: Health spa club

BUSINESS ADDRESS: 14045 Panay Way

CITY: Marina Del Rey ZIP CODE: 90292

NAME OF OWNER: David L. Garcia

D.B.A. / NAME OF BUSINESS: Marina Fitness Center, Inc.

MAILING ADDRESS: _____

EXISTING USE: YES (✓) NO ()

USE PERMITTED IN ZONE: 3P. USE NOT PERMITTED IN ZONE: _____
APPROVED yes DENIED: _____

REMARKS: Previously approved on October 7/25/1991. Per CUP/Rev. Ex.
cup rev. 598 - NO snack bar approved at this time.

SIGNATURE: Alfonso Rivera Cruz DATE: 9-20-05



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: HEALTH SPA/CLUB

ADDRESS OF BUSINESS: 14045 PANAY WAY, MARINA DEL REY, CA 90292

TELEPHONE: (310) 821-1662

OWNER OF BUSINESS: MARINA FITNESS CENTER INC.

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: MARINA FITNESS CENTER INC.

MAILING ADDRESS: 30367 COVE VIEW, CANYON LAKE, CA 92587

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

TREASURER & TAX COLLECTOR
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 8/22/07

BUSINESS LICENSE APPLICATION REFERRAL

Treasurer and Tax Collector
County of Los Angeles
P.O. Box 54970
222 N. Grand Ave., Room 490
Los Angeles, CA 90012

HEARING REQUIRED

ORIGINAL COPY

KIND OF BUSINESS HEATH CLUB SPA

ADDRESS OF BUSINESS 14045 PANAY WAY, MARINA DEL REY CA. TELEPHONE # 310 821-1662

OWNER OF BUSINESS DAVID L. GARCIA

CAL. DR. LIC. #

NAME OF PERSON FINGERPRINTED SAME AS ABOVE

FICTITIOUS NAME MARINA FITNESS CENTER

MAILING ADDRESS 30080 CLEARWATER DR, CANYON COUNTRY LAKE CA. 92587DATE THAT YOU STARTED BUSINESS WHEN GRANTED

PREVIOUS OWNER'S NAME, IF KNOWN

THIS IS A APPLICATION FOR:

NEW LICENSE X

RENEWAL

RECOMMENDATION

DATE

SIGNATURE

APPROVED APPROVED
WITH CONDITIONS DENIED
(*SEE BELOW)

3RD 1-10-01
3-B.00 2ND

X 1. Risk Mgmt.

3-8-00 ZND

X 2. Bldg. & Safety

3-8-00 2ND

3 3. Treasurer-Tax Collector

☒ 4. Fire Department

3-8-00 2ND

5. Public Health

3RD 1-10-01
3-8-00-2ND

X 6. Sheriff

7. Business License Commission

8. Weights and Measures

9 9. Regional Planning Commission

___ 10. Animal Care & Control

Conditions:

BASIC LICENSE NO. _____ DATE 01-08-1999 IDENTIFICATION NUMBER 123895